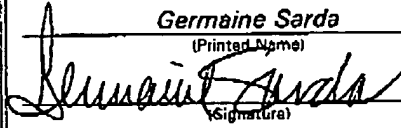


Atty. Dkt. No. 078853-0302

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Applicant: Roger A. Sabbadini  
 Title: COMPOSITIONS AND  
 METHODS FOR THE  
 TREATMENT AND  
 PREVENTION OF  
 CARDIOVASCULAR DISEASES  
 AND DISORDERS, AND FOR  
 IDENTIFYING AGENTS  
 THERAPEUTIC THEREFOR

<b>CERTIFICATE OF FACSIMILE TRANSMISSION</b>	
I hereby certify that this paper is being facsimile transmitted to the United States Patent and Trademark Office, Alexandria, Virginia on the date below. (703.872.9307)	
	Germaine Sarda (Printed Name)
November 26, 2003 (Date of Deposit)	

**OFFICIAL**

Appl. No.: 10/029,372  
 Filing Date: 12/21/2001  
 Examiner: Louise N. Leary  
 Art Unit: 1654

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**NOV 26 2003**

**NOTICE OF APPEAL FROM THE EXAMINER TO THE BOARD  
 OF PATENT APPEALS AND INTERFERENCES**

Commissioner for Patents  
 PO Box 1450  
 Alexandria, Virginia 22313-1450

Sir:

Applicant hereby appeals to the Board of Patent Appeals from the decision of the final rejection dated August 27, 2003, of the Examiner finally rejecting Claims 1-20.

- ☒ Applicant claims small entity status.
- ☐ Applicant hereby petitions for an extension of time under 37 C.F.R. §1.136(a) for the total number of months checked below:
- ☒ Notice of Appeal Fee
  - ☒ To be paid as detailed below
  - ☐ Not required (Fee paid in prior appeal)

Atty. Dkt. No. 078853-0302

The required fees are calculated below:

<input checked="" type="checkbox"/>	Notice of Appeal Fee	\$330.00
<input type="checkbox"/>	Extension month:	\$0.00
<input type="checkbox"/>	Extension:	\$0.00
	FEE TOTAL:	\$330.00
<input checked="" type="checkbox"/>	Small Entity Fees Apply (subtract ½ of above):	\$165.00
	TOTAL FEE:	\$165.00

☒ Please charge Deposit Account No. 50-0872 in the amount of \$165.00. A duplicate copy of this transmittal is enclosed.

☐ A check in the amount of \$165.00 is enclosed.

☒ The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 50-0872. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 50-0872.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date Nov. 26, 2003By Richard San Pietro

Richard J. Warburg  
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